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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/578,626 05/25/2000 PAT 6,387,106
 which is a CON of 09/122,836 07/27/1998 PAT 6,099,539

yes

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/23/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Surgical clamp pad with interdigitatin teeth

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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